



**PHYSICIAN ORDER SET**

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF THE UPMC HEALTH SYSTEM HOSPITAL - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

**Continuous Subcutaneous Insulin Pump Order Set**

Attending Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Check All Orders that Apply with a  & All Handwritten Orders Should be BLOCK PRINTED for Clarity**

- Discontinue all Previous Insulin Orders**
- Consult Diabetes Consult Service (pager 1082) Highly recommended for all patients on an insulin pump.**  
(Time called: \_\_\_\_\_ Initials of Caller: \_\_\_\_\_)
- Check capillary blood glucose:**  
 QAC and QHS     QAC     Q6hours     Q4hours     3am     Other: \_\_\_\_\_
- Initiate Hypoglycemia Treatment Protocol for any blood glucose < 70 mg/dl - do not remove/stop pump unless ordered by physician
- Patient to self administer insulin via subcutaneous insulin pump and document all basal rates and boluses on the "Insulin Pump Log Sheet".
- Nurse to review and verify that patient is documenting on the "Insulin Pump Log Sheet" every shift.  
At WPIC, nurse to observe patient self-administration and nurse documents on Insulin Pump MAR.
- Do not stop the pump without prescriber order and plans for alternate insulin administration.**
- Patient to change insertion set/site every 48-72 hours and as needed.

**Insulin (for use in pump):** Pharmacy to send vial so patient can fill the cartridge.

- lispro (**HumaLOG**) (Do Not Substitute)
- aspart (**NovoLOG**) (Do Not Substitute)
- glulisine (**Apidra**) (Do Not Substitute)

**Insulin Doses:**

- Patient to program basal rates and bolus doses as per attached "Insulin Pump Dose Orders"
- Patient to continue home basal rates and bolus doses as per "Initial Assessment Sheet for Insulin Pump Patients"

**Diet:**

- Diabetic Consistent Carbohydrate Diet. Do not liberalize.
- Other diet: \_\_\_\_\_
- Nutrition Consult for: \_\_\_\_\_

**Call MD and Diabetes Service (pager 1082) for any of the following:**

- If the pump is discontinued for any reason
- If blood glucose > 250 mg/dL two times in a row
- If there is any blood glucose <70 mg/dL
- If there are any signs of confusion or mental status change
- If patient unwilling to use the insulin pump or document on the "Insulin Pump Log Sheet"
- If patient running low on pump supplies
- If patient will be undergoing a procedure requiring sedation
- If patient will be having MRI
- If patient is or will be made NPO

\_\_\_\_\_  
(BLOCK Print Name) (Signature)

Date / Time: \_\_\_\_\_ Pager # \_\_\_\_\_



Additional Handwritten Orders Should be Placed at the End of this Order Set.

**Order Set Faxed to Pharmacy**  
by: (name / time) \_\_\_\_\_ **Unit:** \_\_\_\_\_



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**Continuous Subcutaneous Insulin Pump Order Set -- Dose Orders**

Check All Orders that Apply with a  & All Handwritten Orders Should be **BLOCK PRINTED** for Clarity

Discontinue all previously ordered Insulin Basal Rates and Boluses

Patient to self administer insulin via subcutaneous insulin pump and document all basal rates and boluses on the "Insulin Pump Log Sheet".

**Basal Rates:**

Start time	End time	Basal rate units/hour
12am	1am	
1am	2am	
2am	3am	
3am	4am	
4am	5am	
5am	6am	
6am	7am	
7am	8am	

Start time	End time	Basal rate units/hour
8am	9am	
9am	10am	
10am	11am	
11am	12pm	
12pm	1pm	
1pm	2pm	
2pm	3pm	
3pm	4pm	

Start time	End time	Basal rate units/hour
4pm	5pm	
5pm	6pm	
6pm	7pm	
7pm	8pm	
8pm	9pm	
9pm	10pm	
10pm	11pm	
11pm	12am	

**Meal boluses:** Based on carbohydrate count:

OR

Fixed doses:

Breakfast : \_\_\_\_\_ units per \_\_\_\_\_grams carbohydrate  
Lunch: \_\_\_\_\_ units per \_\_\_\_\_grams carbohydrate  
Supper: \_\_\_\_\_ units per \_\_\_\_\_grams carbohydrate  
Snacks: \_\_\_\_\_ units per \_\_\_\_\_grams carbohydrate

\_\_\_\_\_ units at breakfast  
\_\_\_\_\_ units at lunch  
\_\_\_\_\_ units at supper  
\_\_\_\_\_ units with snacks

**Correction boluses:** \_\_\_\_\_ unit(s) for every \_\_\_\_\_mg/dl over \_\_\_\_\_mg/dl (target glucose)

Call MD and Diabetes Service (pager 1082) for any of the following:

- If the pump is discontinued for any reason
- If blood glucose > 250 mg/dL two times in a row
- If there is any blood glucose <70 mg/dL
- If there are any signs of confusion or mental status change
- If patient unwilling to use the insulin pump or document on the "Insulin Pump Log Sheet"
- If patient running low on pump supplies
- If patient will be undergoing a procedure requiring sedation
- If patient will be having MRI
- If patient is or will be made NPO

(BLOCK Print Name)

(Signature)

Date / Time:

Pager #



Additional Handwritten Orders Should be Placed at the End of this Order Set.

Order Set Faxed to Pharmacy  
by: (name / time)

Unit:

# INITIAL Assessment Sheet for Insulin Pump Patients

(file this form within Orders Section of the Chart)

IMPRINT PATIENT IDENTIFICATION HERE

**Patient Name:** \_\_\_\_\_

**Pump information:**

- Pump model and manufacturer? \_\_\_\_\_
- Pump customer support number? \_\_\_\_\_
- Type of insulin used in pump? \_\_\_\_\_
- Type of infusion set used? Do you use an inserter? \_\_\_\_\_

Do you have insulin pump supplies with you? \*  YES  NO If Yes, how many days supply do you have? \_\_\_\_\_

*\*You must provide your own pump supplies except for insulin*

Is there an emergency person who can help you with pump use?  YES  NO

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Current basal rates:**

Start time	End time	Basal rate units/hour
12am	1am	
1am	2am	
2am	3am	
3am	4am	
4am	5am	
5am	6am	
6am	7am	
7am	8am	

Start time	End time	Basal rate units/hour
8am	9am	
9am	10am	
10am	11am	
11am	12pm	
12pm	1pm	
1pm	2pm	
2pm	3pm	
3pm	4pm	

Start time	End time	Basal rate units/hour
4pm	5pm	
5pm	6pm	
6pm	7pm	
7pm	8pm	
8pm	9pm	
9pm	10pm	
10pm	11pm	
11pm	12am	

**Meal boluses:** Based on carbohydrate count:

OR

Fixed doses:

Breakfast : \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate  
 Lunch: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate  
 Supper: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate  
 Snacks: \_\_\_\_\_ units per \_\_\_\_\_ grams carbohydrate

\_\_\_\_\_ units at breakfast  
 \_\_\_\_\_ units at lunch  
 \_\_\_\_\_ units at supper  
 \_\_\_\_\_ units with snacks

**Correction boluses:** \_\_\_\_\_ unit(s) for every \_\_\_\_\_ mg/dl over \_\_\_\_\_ mg/dl (target glucose)

**(for high blood glucoses)** OR One unit of insulin brings my glucose down: \_\_\_\_\_ mg/dl

OR provide copy of written scale

**I confirm that I have been fully trained on the use of my insulin pump prior to this hospitalization and that I am capable and willing to manage it independently during my hospital stay.**

**If at any time I feel that I am unable to manage the pump, I will alert my medical team.**

Patient: (Print name/Signature) \_\_\_\_\_

Date / Time: \_\_\_\_\_

MD/RN/RPh witness: (Print name/Signature) \_\_\_\_\_

Date / Time: \_\_\_\_\_





# INSULIN PUMP LOG SHEET

IMPRINT PATIENT IDENTIFICATION HERE

Date:	12M	3AM	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
Insulin Type																					
Glucose																					
CHO (grams)																					
Meal bolus																					
Correction bolus																					
Basal rate																					
Site change (Indicate location)																					

RN signature:

Date:	12M	3AM	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
Insulin Type																					
Glucose																					
CHO (grams)																					
Meal bolus																					
Correction bolus																					
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RN signature:

